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Prevention of Child Abuse and Neglect in Child Care Settings

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FOREWORD

This series of manuals for Child Care Givers on DoD Installations is issued under the authority of DoD Instruction 6060.1, "Training Manuals for Child Care Givers on DoD Installations," January 19, 1981.

The purpose of this manual is to assist child development program personnel in preventing child abuse and neglect within child care settings and in identifying and reporting child abuse and neglect. The Department of Defense (DoD) is committed to preventing child abuse and responding to allegations of abuse in a way that will be supportive of children and their families. This manual provides general guidance and should be used in conjunction with the regulations of the applicable DoD Component.

This manual was developed by this office in conjunction with the child care and family advocacy staffs of Headquarters Army, Navy, Air Force, Marine Corps, and Coast Guard. The Armed Services YMCA of the United States compiled materials for this manual under contract with the Department of Defense.

DoD policy regarding family advocacy, including child abuse and neglect, is outlined in Department of Defense Directive (DODD) 6400.1. Child abuse reporting requirements are specified in Department of Defense Instruction (DODI) 6400.2.

For additional information on caring for children within the military child care setting, you may consult the other manuals in this series. DoD Components may obtain copies of this series of manuals through their own publications channels. Other Federal agencies and the public may obtain copies from the U.S. Department of Commerce, National Technical Information Service, 5285 Port Royal Road, Springfield, VA 22161.

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DEFINITIONS OF AND TYPES OF ABUSE

Child abuse is recognized as a national problem. Each year hundreds of thousands of children are abused by those responsible for their care. Only a small percentage of abuse happens in a child care setting. The potential is always there, however. All personnel must be aware of the risks and of the measures needed to prevent abuse.

While exact definitions vary from state to state and between military and civilian regulations, most definitions describe child abuse as the physical or mental injury, sexual maltreatment, or neglect of a child by a parent or other person responsible for the child.

Child abuse may be a single incident such as an adult burning a child's hand to "teach" the child not to touch something or shaking an infant "to make her listen to me." Abuse also may be a pattern of behavior such as incest between parent and child extending over many years or parents' continued failure to provide adequate food, clothing or medical attention for a child, even though they have the resources to do so.

Whether the abuse happens just once or again and again, it results in harm to the child. Usually, the harm is easy to see: the child has burns, bruises, or broken bones. Sometimes the harm is hidden: the child is emotionally damaged, fearful, angry, and unable to trust or to learn. Too often the harm is both easy to see and hidden: the child has both physical and emotional injuries.

Child abuse and/or neglect is any action or inaction that results in the harm or potential risk of harm to a child. Within the Department of Defense, child abuse and/or neglect is defined as follows:

"Includes physical injury, sexual maltreatment, emotional maltreatment, deprivation of necessities, or combinations for a child by an individual responsible for the child's welfare under circumstances indicating that the child's welfare is harmed or threatened. The term encompasses both acts and omissions on the part of a responsible person. A "child" is a person under 18 years of age for whom a parent, guardian, foster parent, caretaker, employee of a residential facility,

or any staff person providing out-of-home care is legally responsible. The term "child" means a natural child, adopted child, stepchild, foster child, or ward. The term also includes an individual of any age who is incapable of self-support because of a mental or physical incapacity and for whom treatment in a medical treatment facility is authorized."

Out-of-home abuse is the abuse of a child by a caregiver in a child care or residential setting or by someone leading or assisting with a sponsored activity, like a sports league, recreation program, or services group such as a scout troop or YMCA.

SIGNS OF CHILD ABUSE AND NEGLECT

Indications of child abuse can be found in the child's appearance or behavior, the behavior of adults in their environment, and the situations surrounding them. The factors that most often can be observed by caregivers/teachers will be discussed here. Later, in REPORTING CHILD ABUSE AND NEGLECT, page 13, we will discuss reporting and actions to be taken.

Child characteristics

Many of the characteristics described here occur in contexts other than abusive situations. Rarely does the presence or absence of a single factor signal child abuse. However, they do tell you that the child is under stress and abuse may be the cause. A pattern of these factors and behaviors will more than likely indicate harm or risk to the child.

- child's self report
- bruises or wounds in various stages of healing
- injuries on two or more areas of the body
- injuries reported to be caused by falling but which do not include hands, knees, or forehead
- burns
- reluctance to leave, or come to, caregiving situation
- fear of failure
- fear of desertion by caregiver
- inappropriate dress for the weather
- discomfort when sitting
- excessive masturbation, especially when nervous or anxious
- sophisticated sexual knowledge or play

- radical behavior changes or regressive behavior
- child withdraws or watches adults
- child seems to expect abuse
- chronic complaints about body aches and pains
- revealing discussion, stories, or drawings
- fear of adults
- self infliction of pain, biting, pinching, hitting themselves
- has a venereal disease, genital itching, bladder, vaginal or urinary problems, anal pain
- aggressive
- poor concentration and performance

It is important to remember that the teacher/caregiver must be just as conscious of the physical and behavioral signs of abuse in boys as in girls. One of the myths of child abuse is that only boys are beaten and only girls are sexually abused. These statements are not true. Many girls are often beaten very badly and many boys are sexually abused.

Teachers/caregivers of young children may often observe bruises or wounds on children that are in various stages of healing. This indicates the injuries occurred at different times and may have been inflicted on a regular basis. Physical abuse can be suspected, for example, if injuries appear a day or so after a holiday or long weekend (bruises take a day to show up). Injuries that occur on multiple areas of the body or that leave a mark that looks like a hand or tool should also be considered nonaccidental.

Children naturally use their hands to protect themselves. Usually when a child falls, the hands go out to stop the fall and protect the face. Children's hands, knees or foreheads are usually injured when they attempt to break their fall. If children report their injuries were caused by a fall, but the injuries do not

include these areas, you should be suspicious. When children fall, they also are most likely to fall on one side of their body. Therefore, multiple injuries, such as a head injury coupled with a bruise to the ribs or buttocks, should be considered suspicious because more than one area of the body is involved. For example, a caregiver/teacher notices that a child in her room returned from the Christmas holiday with bruises on the right side of her face and on the back of her left arm. Although the child said she had fallen, the caregiver/teacher contacted the Family Advocacy Program Officer on the installation. The child's mother initially contended the girl had been roughhousing with her brothers. Further investigation revealed that she had been hit twice by her grandfather who had been visiting and allegedly could not tolerate the girl's loud noises.

Burns often leave clues as to their origin. Oval burns may be caused by a cigarette. Stocking or doughnut-shaped burns may indicate that the child was put into a hot substance. Any burn that leaves an imprint of an item, such as an electric stove burner on a child's hand, may indicate that the injury was not accidental. The natural response of children is to withdraw when a body part comes in contact with a hot object; thus, only a small section of skin is usually burned if the burn is accidental.

Young children who say they have been harmed should be believed. Rarely do children make up reports of abuse. Older children may also discuss harmful events with agemates. Susan, age 8, told a friend she had been molested by her father. The friend confided in the recreation aid, who made a report. Susan had indeed been molested. Through counseling for the family, the molestation was stopped.

Children who take food from others may be suffering from neglect. One agency investigated a case where a preschool child constantly took food from other children's plates. The child was receiving one-half of a peanut butter sandwich a day at home and needed the additional food for survival. Another common signal of neglect is children who come to the center inappropriately dressed for the weather. The child who wears sandals in the winter or who doesn't wear a coat on a cold snowy day meets the definition of neglect and can be seen as at risk of harm.

Young children cannot be expected to sit still for long periods. However, such children who have trouble sitting may be

experiencing discomfort in their genital areas as a result of sexual abuse. Children whose knowledge of the sexual act is much more sophisticated than that of peers, or for their level of development, may also be indicating they have been sexually abused. For example, a child might engage in inappropriate sex play with dolls or with other children in the dramatic play area or at recess.

Radical behavior changes in children or regressive behavior should be viewed as a possible indicator of abuse or neglect. For example, children who suddenly become extremely hostile or withdrawn should be considered to be possible victims of abuse or neglect. Regression often indicates that children are attempting to protect themselves or to cope with the situation. Typical of such a behavior change might be the 5-year-old child who develops toileting problems. Likewise, the child who strives to do everything exactly right, or fears doing anything wrong, may be trying to avoid incurring the anger of adults.

Another behavior that is a possible clue to abuse or neglect is the child who stays in the background of activities. This child usually watches intently to see what adults are doing--possibly to keep out of the way of adults in order to prevent being harmed.

Children who are abused frequently expect such abuse from all adults. Children who cower when an adult lifts his/her hand could fall into that category. When a child tries to hide a broken toy, he/she could be fearful of adult reaction based on previous bad experience. Discussion stories written by the children, drawings, or sharing time may also reveal episodes of abuse and neglect.

It is important to stress that teachers/caregivers should be alert to a pattern of characteristics and behaviors that indicate child abuse or neglect and that any suspicions of abuse should be reported following the center policy.

Adult characteristics

Parent and other caregiver behavior may also give clues that children are at risk of harm. There are a number of indicators of an adult's inability or unwillingness to care for and protect children.

- unrealistic expectations for child/premature competence
- reliance on child to meet social or emotional needs
- lack of basic childrearing knowledge or skills
- substance abuse
- verbal abuse

Most child development program staff see parents during the day and occasionally during parent conferences or home visits as well. Adults who work with school-age children have fewer occasions to observe parents, but can still be aware of parent behaviors through responses to notes, questionnaires, or phone calls.

The parent who has unrealistic expectations for the child can be seen as placing the child at risk. For example, a parent may believe a 6-month-old child can be toilet trained, or that a 5-year-old should be able to read, or that an 8-year-old girl should always act like a lady. Adults who look at their children to meet some of their own social or emotional needs can also be seen as a high risk parent. The young mother who views her baby as someone to love her is likely to be very disappointed but not necessarily abusive.

Parents or caregivers who lack basic childrearing knowledge or skills place children at risk. For instance, a parent who doesn't know about nutrition or health care, or who has a serious physical illness, may be unable to adequately care for a child. Parents who are substance abusers, either drugs or alcohol, place their children at risk. Because most parents don't deliberately harm their children, all the parents with these types of problems need support to help them function in healthier ways with their children. This is also true for teachers or caregivers who lack knowledge of how to guide or care for children.

At the same time, when caregivers/teachers observe parenting styles, they must be aware of and sensitive to social and cultural differences. Their efforts are not designed to impose middle-class parenting standards on everyone but are aimed at ensuring a minimum standard of care for all children so they are free from harm.

While none of the above factors automatically indicate child abuse, the presence of any of them, along with other clues or patterns of suspected abuse, may indicate harm or potential harm for children.

Stress in the environment

Adult stress can often be the cause of one-time or chronic harm to children. Therefore, whenever a family or a caregiver is under stress, the likelihood that abuse or neglect may occur is increased. The source of stress can be either positive or negative--a transfer, the birth of a new baby, retirement, death, or deployment, temporary duty assignments, frequent weekend duty, divorce. Any stressor can affect parents' or caregivers' ability to care for their children and to maintain their own self-control.

Once again, however, stress should be considered as just one indicator that may produce a potentially dangerous situation for children.

In most instances, it will be possible to observe a continuum of maltreatment. Adults who work with children should:

- recognize that maltreatment takes some very ordinary and too often accepted forms. As caregivers and as people who work with parents, we have to confront such difficult tasks as separating discipline from physical abuse and independence from neglect.

Leaving children in cribs and high chairs for extended periods of time is a form of child neglect. Likewise, a lack of attention by caregivers as demonstrated by a child receiving multiple bites is considered neglect just as much as the use of improper discipline techniques such as shaking and using a loud abusive voice.

- admit that there are subtle forms of maltreatment that leave no mark but destroy children's ability to trust in other people. As people who speak to children and overhear much of what is said to them, we have to develop ears that pick up the

differences between joking, teasing, taunting, and outright cruelty. Similarly, we need eyes that pick out shoving, yanking, and shaking.

- realize that the victims of maltreatment are numerous. A child who saw her sister taken into the bedroom or whose mother has left home for a shelter needs attention, reassurance, strong human relationships to stand in for those that were shattered.

CAUSES OF CHILD ABUSE IN FAMILIES

The purpose of this chapter is to alert child care staff of the causes of child abuse in families. Because the child care staff are often the only adults who regularly see the child outside of the immediate family, they are often the first to observe children who have been or are at risk for abuse and/or neglect in family settings (McCaffrey and Tewey, 1978.) Teachers and caregivers of young children are an essential part of the professional team that can prevent abuse and neglect. Likewise, parents are responsible for monitoring the level of care for their children in the out-of-home settings that they use.

As every parent knows, raising a child is not an easy job. Everyday stresses and strains, coupled with the burdens of child care, cause most parents to feel angry at some time. But why do some parents threaten their children's health or safety? There is no simple answer as to the causes of child maltreatment, just as there are no simple answers to the causes of other social problems such as drug abuse or depression. However, there are conditions or situations that may make child maltreatment more likely to happen.

Isolation

Many abusive parents had troubled childhoods themselves and learned very early that they could not rely on others for emotional support. As a result, they never learned the social skills necessary to form solid relationships with relatives, neighbors, and friends. They are often isolated from their communities and families and may seem to reject offers to help, having learned to be suspicious of the good intentions of others. When faced with stressful situations such as a fussy baby, they feel totally alone and "trapped," and may react with violent abuse or neglectful depression.

Generational cycle

"Violence begets violence," and it is thought that many abusive parents are repeating the child-rearing practices that they had been subjected to as children. In some cases, abused children who

become parents find themselves unable to alter the cycle of violence, despite their intentions and efforts to be good parents, because they have never been exposed to proper parenting practices. Also, in some families a "role reversal" occurs--the abused child becomes a parent in order to find the love and acceptance that was missed as a child. The child is then placed in an adult role, with the parent expecting that the child will "take care of me." These parents see their children as having capabilities far beyond their ages. When the young child does not meet these expectations, violence can occur.

Economic and other stress factors

Even without children, adults encounter many stressful situations such as unemployment, illness, or divorce. For parents, these conditions can be doubly traumatic, as there are no "vacations" from parental responsibilities. When a parent who may be predisposed toward child maltreatment because of upbringing or isolation must deal with any of these stressful situations, it is possible that little time or energy is left for the children. Also, in times of stress, the slightest misbehavior by the child can be "the last straw" and lead to violent abuse.

Pathology of the parent

A common perception is that abusive parents are "sick," a perception that sometimes hampers the identification of families in trouble. Rarely is chronic mental illness the single cause of child maltreatment, although this possibility exists.

Predicting child maltreatment

Is child maltreatment more likely to happen in certain families? Yes, but it remains impossible to predict whether child maltreatment will occur in a given family situation. However, a family may be "at risk" if the parent

- had been abused or neglected as a child;

- is a "loner"--feels isolated, with no family to depend upon, no real friends, and does not get along with the neighbors;
- has no understanding of the stages of child development and does not know what to expect of a child at a given age;
- has a poor self-image, feels worthless, with a pervading sense of failure;
- feels unloved, unappreciated, unwanted, with a great fear of rejection;
- has severe personal problems such as ill health, alcoholism, or drug dependency;
- feels that violence can often be the solution to life's problems, or has not learned to "blow off steam" in a socially acceptable manner; and/or
- is experiencing a time of severe stress such as sudden unemployment or a painful divorce, without any coping mechanism.

A family may be at risk if the child

- is "different"--is smaller than average, sicklier, disabled, is considered unattractive, or was premature;
- resembles or reminds the parent of someone the parent hates--"takes after" a disappointing spouse or former loved one;
- is more demanding or otherwise poses more problems than do other children in the family; or
- is unwanted and is seen as a "mistake" or burden, having "ruined things" for the parent.

REPORTING CHILD ABUSE AND NEGLECT

Assessing the situation

When directors, caregivers, or teachers observe behaviors that indicate a child may be at risk, they should read the standard operating procedures of the center and follow the steps outlined addressing identification and reporting of child abuse and neglect. Remember, the purpose is not to investigate a crime, nor to determine the perpetrator. Your responsibility is to protect the child in your care. If a report of suspected child abuse or neglect is made by you or someone else, then the people trained in investigating such reports will take over. Consult with the Family Advocacy Program Officer for additional information on assessing the situation surrounding possible child abuse/neglect.

Talking with the child

Teachers and caregivers should be advised that if a child talks with them in a way that indicates that they may be abused that they should discuss the conversation with the center director as soon as possible.

When a child shares information indicating possible abuse, it is very important to be neutral, calm, and not to put words in the child's mouth. When children are abused, they do not like what is happening, and want it to stop. But an over reaction may scare the child and cause even more silence. Talk to the child alone. Speak softly. Ask open-ended questions that do not suggest anything. "I see that you are very sad, and I am wondering what has been happening to you. Can you tell me about it?" Give the message that it can be safe to talk to you.

Understand why the child may feel it is necessary to keep the secret. Abused children are often terrified of being abandoned or having themselves or their family members harmed by the abuser if they tell. They see the perpetrator as being omnipotent, with enormous power over their lives. They have often been convinced that their silence is holding the family together...that mommy will leave, or daddy will go to jail if they tell, or that they will be taken away from the family.

If the child has been exhibiting sexual knowledge that is not appropriate for a child of his/her age, ask in an interested way, "How did you find out about that...?" and continue the conversation at a very low-key pace, using very simple words. You must work very hard not to show shock or revulsion if the child decides to confide in you. Be aware of non-verbal communicators also. If your face or body shows shock or anger, you may frighten the child. Asking "Where did this happen?" "Can you tell me more about it?" is a good response to something surprising or disgusting. Never say things like, "Did your daddy do that to you?" "Did your teacher do that to you?" or other leading questions which suggest ideas which did not come first from the child.

It is not appropriate simply to get information from the child. You must give something back. Give the child your empathy. "I understand that it is hard for you to talk now, Katie. I love you even if you cannot talk to me. It is OK to have feelings. This is a safe time to show how you feel." All teachers, caregivers, and other center staff should report to the administrator or director of the center any behavior or conversations that indicate possible abuse. This reporting should be done as soon as it is possible to leave the child without causing alarm. The director will determine the correct course of action.

Do not let the child trap you into keeping the secret. If the child wants you to promise not to tell anyone, be honest. Tell the child you cannot promise that -- that you are concerned for him/her, but it is OK not to talk if he/she is too afraid. Show concern for the family. If you continue to provide an environment which feels safe to the child, then the child may eventually trust you enough to talk.

As the administrator of the center, evaluate the situation and contact the installation Family Advocacy Program Officer or some other trained person who can help you decide how to respond to the situation. In most instances it is inappropriate for child development staff to conduct in-depth interviews of children concerning possible child abuse.

Accusations of abuse

If a parent makes a complaint to you:

- Follow the steps outlined in your standard operating procedures on child abuse.
- Call the installation Family Advocacy Program Officer for guidance.
- With the Family Advocacy Program Officer's approval, meet with the parent to get details as accurately as possible -- do not act defensively.
- With the Family Advocacy Officer's approval, meet with the staff person separately to get details of the incident(s).
- In some cases where it appears that only a misunderstanding has occurred, it may be appropriate to meet with the staff person and the parent(s) to review and clarify the situation.
- Document all meetings. Cooperate with the authorities if an investigation is initiated.

If a parent reports to authorities, but not to you:

- Do not become defensive.
- Cooperate fully and factually and advise staff to do the same.
- Without interfering with the investigation, request data from all parties to help you make staffing decisions, informing authorities of your own activities and decisions every step of the way.
- For the protection of the children and staff, and to reassure parents of everyone's concern, you will need to reassign the accused staff person immediately to duties away from contact with children until the investigation has been completed; consult the Civilian Personnel Office for guidance.
- While a case is under investigation, it may be desirable to have a minimum of two staff persons with children at all times.

- Document all actions taken.

If a staff person reports abuse by another staff member:

- Get all details and document the report from the accuser.
- Call your installation Family Advocacy Program Officer for guidance.
- With the Family Advocacy Officer's approval, speak to the accused person, review policies; determine, if you can, whether this was a one-time incident.
- If you are satisfied that the incident was inappropriate, but not abusive, set a behavior goal for the accused person and observe his/her behavior over time; document improvements or lack of improvements.
- Remember that the information reported to you by the staff person must be reported to the authorities, if the behavior constitutes suspected child abuse. Center employees should be aware that they may report directly to the center director without going through the middle staffing levels. If you are a director and you receive such a report, you must report immediately to the Family Advocacy Program Officer. You must not wait to report and do an in-house investigation first.

In situations like these, the Family Advocacy Program Officer will report to other agencies in the chain of command for cases of child maltreatment.

Allegations of emotional or verbal abuse

Emotional maltreatment is included in the definition of child abuse and neglect. However, it is considered to be the most difficult form of abuse for intervention by child abuse authorities, because there is usually no physical evidence. Yet

emotional abuse can have a devastating effect on children's self-esteem and ability to develop and learn.

If there is a confrontation/discussion with parents and/or staff about discipline techniques, general communication issues, or emotional or verbal abuse issues, you will need to show concrete examples of what harm has been done to the child. Include behavior observed and its effects on staff and on the children. Show how the child is suffering because of what has happened (fearfulness, physical injury, anxiety). Set specific goals for the staff person's behavioral change and a time period for review. Document!

Staff reaction to an allegation

An allegation of child maltreatment will undoubtedly be devastating to the staff person. If the abuse is substantiated, the employee will lose his or her job at a minimum. The accused staff person will most likely turn to other staff and you for support and reassurance that you believe he or she is innocent. Parents will be watching to see if you take sides. You may have personal beliefs as to whether the staff person is innocent or guilty.

If the staff person admits to the abuse, he or she will often promise to change the behavior. The person may excuse the behavior by asking sympathy for personal problems that are causing him or her to act this way. But if there are no consequences, the staff person is likely to slip back into the same pattern. The length of time between incidents will become shorter and shorter until the behavior becomes chronic.

If the staff person denies that the abuse occurred, there are two explanations. The guilty employee may blame the children, lie about where the bruises came from, blame the parents or someone else, or simply and repeatedly plead innocent.

The innocent employee will also deny any wrong doing. Individuals will react differently to false accusations. Some may be hurt, angry and defensive. Others may remain relatively calm and cooperative.

Maltreatment of children arouses powerful emotions. Remember that an allegation is just that! The accused person may be innocent.

Reporting

The focus of concern in reporting cases of child abuse is first for the welfare of the child. The provision of family advocacy services occurs concurrently with case investigation. When abuse is perpetrated by an individual placed in a caretaker role sanctioned by the Military Services or authorized by the Service as a provider of care in "out-of-home" care settings, such as in child care centers, schools, recreation programs, or family day care, the case must be reported. Additionally, due to the sensitive nature of alleged child sexual abuse incidents, information must be transmitted expeditiously through Service family advocacy channels to the Assistant Secretary of Defense (Force Management and Personnel), or designee, normally within 72 hours of the report.

Local Family Advocacy Program Officers have responsibility for reporting all cases of alleged child abuse to command and investigative authorities. The Family Advocacy Program Officer must assume the coordinating role among the commander, law enforcement and investigative agencies, medical treatment facility, civilian child protective services (CPS), and applicable involved activity, such as child care center, recreation center, Section 6 DoD dependent schools (DoDDS), or home child care provider. Specific actions depend on each situation. However, all reports of alleged child abuse must be filed and forwarded through applicable family advocacy channels.

The case review committee responsible for assessing reports of alleged child abuse reviews all the available case material and makes a status determination of "substantiated," "suspected," or "unsubstantiated" for each case. The committee then makes recommendations to the Service member's commanding officer regarding inclusion in a treatment program. The committee is also responsible for monitoring and advising the commander of progress in treatment.

As soon as abuse is suspected, it should be reported by the program director to the Family Advocacy Program Officer who will work with members of the Family Advocacy Case Management team to determine how to initiate a talk with the parents. Guidance on addressing the issue with the parents must be obtained from the Family Advocacy Office. Every case is different, and it is difficult to make a standard rule on when, how, and who should approach the parents in every case.

It is your duty and obligation to report all suspicions of and incidents of child abuse and neglect in accordance with the regulations of your installation.

Reporting suspected child abuse is a critical step in protecting children and in stopping the abuse. If the abuse is not reported, children will continue to be at risk of physical or emotional damage, sexual abuse or neglect.

You may be reluctant to file a report of suspected child abuse. Perhaps you are afraid that reporting will mean trouble for the child, the parents, or you. Many people feel that way. It helps to think of the report as a request for help that you make on behalf of the child. The report is not an accusation; it is a way to protect the child. Remember that you are required by regulation to report suspected child abuse. Local laws determine the penalties for not reporting. Consult with your installation legal officer for installation-specific information.

After you have reported, do not discuss the situation with anyone who does not need to know about it. Protect the privacy of the child, the parents, and the family.

Remember, also, that the children always come first. Young children cannot protect themselves. They must depend upon caring adults like you to look out for them and to prevent them from being hurt. Reporting is an important step in bringing help to children and families affected by child abuse. If the abuse is not reported, it tends to happen again and again with each incident becoming more serious than the last.

As a child development center director, you should request the assistance of the Family Advocacy Program Office to develop or revise your center's policies and procedures. These policies should help you determine when it is best to report, should support you in making the report, and stipulate channels for reporting. The report should always be made in accordance with those policies and procedures, and should be done factually and without emotion. The information provided will identify the family and the situation. Tell the Family Advocacy Office what happened and when. Let them know how you know the child, and how the parents responded if you spoke to them about the problem. Let them know whether you feel the child is in danger and where the child is at that moment.

Each installation should have procedures for reporting child abuse. All adults employed in military child development programs should be aware of these reporting procedures. Review the procedures carefully with the total staff. Instruct them on how to report abuse in writing as well as to whom they should report. An internal child abuse reporting outline, such as that which follows, may be helpful.

SAMPLE

INTERNAL CHILD ABUSE REPORTING OUTLINE

INSTALLATION:	<u>Ft. Newton</u>
I NOTIFY:	<u>The center director and Mrs. Bowman, our CDS</u> <u>point of contact at 555-9035</u>
HE/SHE WILL REPORT TO:	<u>Laura Henderson, Family Advocacy Program</u> <u>Manager, at the hospital, 4864.</u>
I PROVIDE THIS INFORMATION:	<u>The child's name; the parents' name and</u> <u>address; why I suspect child abuse; where the</u> <u>child is now; whether the child needs medical</u> <u>attention.</u>
I ALSO:	<u>Make a note of when, what, and to whom, I</u> <u>reported for the file.</u>

INTERNAL CHILD ABUSE REPORTING OUTLINE

Ask your supervisor for a copy of the procedures for reporting child abuse on your installation. Review the procedures carefully and maintain a copy in your activity room area. Complete this form and discuss it with your supervisor.

INSTALLATION:

I NOTIFY:

HE/SHE WILL
REPORT TO:

I PROVIDE THIS
INFORMATION:

I ALSO:

Child welfare procedures

The Family Advocacy Program Officer is the central point of contact on your installation for matters dealing with child welfare. In most states, the child welfare agency receives and investigates reports of suspected child abuse or neglect including those which occur on military installations. The main purpose of the agency is to protect children from harm or from further harm, not to punish parents. These agencies work on the assumption that the best context for childrearing is in the child's own home (Kadushin, 1978).

When abuse or neglect is a reality, the child will not necessarily be removed from their parents. The agency will strive to take the appropriate action to protect the child at home in the short run, while working with the parents to solve the problem for the future. All services are aimed at enhancing the parents' ability to care for and protect their children.

Depending upon the state, a report is made either to a central or a local field office of the child welfare agency. Usually this report will be made for the child development program by the installation Family Advocacy Program Officer. That agency must begin its investigation by contact with the child, the child's family, and the alleged perpetrator of the harm. This contact is usually initiated within 24 hours, but can begin immediately if it appears the child is currently in danger.

While the family will not be told who initiated action, the agency may ask for your name, address, and phone number when the Family Advocacy Program Officer makes the report. This identification is necessary in case the agency needs to get back to you for further information.

Program directors should offer in-service training to caregivers or teachers to keep them abreast of the center's procedures for reporting, the state's reporting laws, and the specific practices of the state child welfare agency. Familiarity with the procedures, and the implicit support for reporting suspected abuse, can help teachers and caregivers to follow through with their responsibility.

Filing a report of suspected child abuse begins a process through which the child welfare agency determines whether or not the child

has actually been harmed or is at risk of harm from abuse or neglect. When harm has occurred, then the agency works to protect the child and help the family protect the child. The emphasis is on treatment, not punishment. Child development program staff are an important part of a multidisciplinary team to help prevent and treat victims of abuse and neglect.

While teachers/caregivers may hesitate to report suspected cases of abuse or neglect for fear of straining the parent-caregiver relationship, that fear is often unfounded (Jirsa, 1981). Most parents love their children and are concerned about their welfare. Abuse and neglect rarely occur as a result of deliberate intent to harm a child. Rather, it occurs when a parent temporarily lacks control or judgment, or lacks the knowledge or resources to adequately care for the child. After their initial and appropriate anger at the intervention of the agency, most parents feel a sense of relief that the problems have been identified, and they are usually very willing to work toward a solution.

In cases where only the potential for abuse or neglect exists, the link with the child welfare agency can provide parents with the resources or referrals needed to create a more effective home environment.

Like center staff, child welfare professionals' first allegiance is to the child. Teachers and caregivers of young children are in a unique position to both report and help prevent child abuse and neglect through their daily contact with children and families.

Caring for a child who has been abused

The most important thing the child development program can do for a victim of abuse is to continue to provide an atmosphere that is safe and predictable if the child remains in the center. For a child growing up in a violent home, home is not a safe place to be. The center can be a place that is safe and predictable.

Children who have been sexually or physically abused need to experience positive, normal touch, but they may not even know what that is. Caregivers/teachers will need to do a lot of talking about touch. The control for touch should be the child's. Adults can say to the child, "You get to decide when and how you want to

be touched. I will always ask you if you would like a hug or if you would like to sit on my lap."

Children who have been neglected or verbally abused need positive attention and guidance. They may have a negative image of themselves that results in misbehavior and testing of limits.

As much as possible, these children need to find out that they can take charge of themselves. The child should be encouraged to ask for help as help is needed, but also shown that adults believe in his/her abilities. Children of abuse often have low self-esteem and they fear failure. Tasks can be broken into small, manageable parts. Short, clear instructions and gentle encouragement are best. If the child has regressed to soiling, wetting pants, or baby talk, adults must be patient but gently insist that he/she return to normal levels of competence.

On the other hand, some abused children may take on a parent role in the family, caring for the emotional needs of the parents, or trying to act perfect so as not to arouse anger. These children may need permission and encouragement to play and act like the young children that they are.

Adults must understand that there will be very erratic behavior on the part of these children. There will be good days and bad days. It is all part of an on-going process. These children will also be very sensitive to conflict within the center--between staff members and among staff and other children. They may have very strong reactions to these situations, even if they are not involved. An abused child may act out abuse on other children. The staff needs to be aware of this and understand why it might happen.

Abused children frequently become targets for abuse by other adults because they have learned inappropriate behaviors which either antagonize or signal abusing adults that they can be victimized.

Children of abuse are sometimes very angry. They need to know that it is OK to have these feelings. At the least they will be confused, because they don't understand what is happening to them, but they know they don't like it.

Trust is an issue with these children. People they have trusted have betrayed them. They need to be with people who set clear and consistent rules and do what they say they are going to do. Adults should respect the child's own boundaries and allow him/her to say "no."

The parent(s) may be feeling guilt and shame, either as a perpetrator, or because they failed to protect their child from the abuse. Adults should avoid talking about the child's parents in a derogatory way in front of the child. All children are tremendously loyal to their parents and protective of them.

If you are caring for abused or neglected children in your center, look to professionals experienced with abuse victims for guidance in developing goals.

Respecting the confidentiality of records

There are laws governing the confidentiality as well as the disclosure of records, not only of the parents and children receiving child care services, but also personnel records of the staff. Contact the installation legal office for guidance and/or direction in developing center policy and possible in-service training for the child development center staff.

The Federal Privacy Act of 1974 covers points such as who has access to records, for what purposes, and under what circumstances. This act was designed to require federal agencies to keep their records on individuals in a systematic fashion, to prevent the circulation of these records to unauthorized individuals or agencies, and to permit individuals to find out what information about them is on file within particular agencies.

Common sense probably alerts any director to the possible liability involved in giving free access to children's records to anyone who requests them, for example, to a new children's photographic studio who requests a list of names for advertising purposes.

Always keep in mind that your first responsibility is to maintain the security of privileged information. The best method of handling inquiries about employees is to refer the person to the Civilian Personnel Office for answers. If you have any questions about maintaining privacy of other records, it is recommended that

you contact an authority on your installation regarding the items of personal information that you normally may release without an unwarranted invasion of personal privacy or violating the Privacy Act.

MINIMIZING THE RISK OF CHILD ABUSE AND NEGLECT IN CHILD CARE SETTINGS

Child abuse is not restricted to instances at home. Abuse may occur in a family day care home, a child development center, or a preschool, on a camping trip, during a sports event, or at a church picnic. The person responsible for the abuse may be a house parent, a scout leader, or caregiver in a child development center.

Current estimates indicate that less than ten percent of child abuse occurs in child care settings. Nevertheless, when a center is involved, the public is alarmed. There is an assumption that the perpetrator has easy access to many children in a center setting. The publicity given to these child care center child abuses cases has added the fear of child abuse to the guilt feelings many parents already have about leaving their children in child care while they work. You are mandated to provide a nurturing atmosphere for the children in your care -- an atmosphere that assures safety from physical and sexual abuse and negligence. Instead of becoming defensive, child care providers need to take a positive, pro-active stance, declaring a strong advocacy for children.

It may be that a director's first instinct is to ignore or bury the issues of child abuse. The director may seek in this way to protect the center and even his/her own position or reputation as a director. Often the information on abuse issues is available, but staff does not take the time to learn, thinking that these issues do not apply to their program. Teachers and caregivers should be aware that they are responsible for whatever goes on in their room, including supervising other staff. They should know that the regulations governing reporting and following-up child abuse allegations apply to center staff behavior as well as parents and other outsiders.

Examples of child abuse in child care settings

When a child development director sees something going on between a child and a caregiver or other employee that makes him/her uneasy or is wrong or dangerous, he/she should stop, look, and listen.

- Stop to think about the possibility of child abuse, about the risk to the child.
- Look around to see what is happening. What is the child doing? What is the adult doing?
- Listen to what the child is saying and to what the adult is saying.

Here are some examples of situations that may indicate child abuse is occurring in a child development program:

- A caregiver grabbed Karen and shook her really hard after Karen spilled juice on the clean table. Karen has bruises on her upper arms.
- An after-school program aid left her cigarette lighter on the window sill. Alec found it and tried to light a campfire with the blocks.
- A preschool teacher overheard Marie say that she didn't want to touch Mr. Jackson's "pee-pee" any more.
- A room leader notices that Ms. Harvey doesn't seem to like Brian. She calls him "stupid" when Brian is slow to finish a task. Today, when Brian had a little trouble with a new puzzle, she heard the child saying to himself, "Brian's stupid, Brian's stupid."

Sometimes it is hard to tell the difference between abuse and poor caregiving. It is hard to tell where one leaves off and the other begins. The Early Childhood Studies Program, University of Minnesota, and U.S. Army, Child Development Services, HQ Community and Family Support, have developed A Tool for Minimizing the Risk of Abusive Situations in Child Care Settings. This tool is one way to tell the difference between abuse and poor caregiving. The tool provides a scale for rating the risk of the caregiver's environment and guidance. As a director or caregiver, you may wish to request a copy for use in your center from:

Military Family Resource Center
9th Floor, Tower #3
4015 Wilson Blvd.
Arlington, VA 22203

Recognizing and minimizing child abuse and neglect

Recognizing and reporting child abuse in child care settings are important ways to prevent abuse from happening again. But just as important is finding ways to keep abuse from happening at all. Each of us must look at our own actions to see whether what we do might sometimes and in some ways be abusive. We must sharpen our skills, become competent and confident, so that we will never hurt a child in our care or allow a child to be hurt.

In this section you will learn:

- what is appropriate and inappropriate touch;
- how adults can control behavior to avoid abusing children; and
- how using appropriate guidance keeps children safe and protected.

Touch

Experienced child care providers know how important physical contact with children is for their development, their nurturance, and their guidance. Expressions of affection such as hugs, holding hands, and lap-sitting help to build children's self-esteem. A reassuring touch on the shoulder or a backrub at naptime can help to relax a tense child.

One of the tasks of early childhood is to develop an understanding of what is considered appropriate and inappropriate touch in the child's culture. Child care providers, as well as parents, teach this in good part by modeling appropriate and inappropriate touch for the child.

The sexual abuse of children is an extreme form of inappropriate touch. It is inappropriate because it violates a cultural taboo

against sexual contact between adults and children. It is also inappropriate because it involves coercion or other forms of exploitation of the child's lack of knowledge and the satisfaction of adult's needs at the expense of the child's.

Because of parents' fears that their child could be sexually abused while in a child care center, it is incumbent on providers to re-examine their understanding and practices of touch with children.

Appropriate touch takes into account respect for the personal privacy and personal space of others. Appropriate touch involves having the permission of the other for touch. Requiring a good-bye kiss from a child is an example of inappropriate touch. Appropriate touch takes into account the wishes, safety, and well-being of the other person.

Because the boundaries for appropriate and inappropriate touch have often been unconscious and undefined, providers need to discuss touch issues openly, thus to reassure themselves and others of their correct understanding.

Diapering infants

Today everyone who works with children is very sensitive to the kinds of situations that put them in vulnerable positions. When and how to touch a child -- once an issue barely thought of -- has become the issue. Think about changing an infant's or toddler's diaper or toileting a toddler or pre-schooler. Who does it at your center?

This is not a situation to be handled by new staff members -- yet this generally is the first job assigned to them. Toileting is a trust building issue; so is diapering. These are teaching opportunities for the child and for the staff. Children are not objects. Caregivers can teach children that they respect their bodies. They can sensitize each other to the vulnerability and innocence of the small child, to respect the fact that the child may feel exposed and vulnerable, especially if put into the care of a stranger at this particular moment. And, never, never forget that this is a job that requires teamwork -- more than one person at a

time should be responsible for this task. If you do not have enough staff to do this, make sure diapering and toileting children is done in full view of other staff.

Remaining in control

Caring for young children has its special rewards. The warm and positive relationships built with young children and the changes seen in them almost every day make caregiving a satisfying profession. But caring for young children can also be exhausting and tiring. Young children can try adults' patience to the limit. Their constant need for attention, the spills and messes, the unending soiled diapers, the defiance, can make even the most patient caregiver a little edgy. The job also requires adults to be constantly on the move to keep up with the children. By the end of the day, they may find themselves exhausted.

Of course, adults have a life outside the center as well. The life they lead and the daily experiences they have at home can affect their responses to children at the center. If they come to work tired and distressed about something in their own life, these feelings affect how they relate to the children in their care.

When adults are under stress, they sometimes lose control of their own behavior. They may not mean to hurt anyone, but they sometimes hurt the people they care most about. This can happen at home or at the center. And, even though they didn't mean to hurt anyone, the child whom they injure in this way is abused.

Suppose a caregiver is experiencing a lot of stress and came to work feeling tired and edgy. It's possible that a child could do something that is actually quite normal, and the caregiver would respond by striking out at the child.

Caregivers of infants may lose control when faced with any of the following behaviors:

- a colicky infant who cries most of the time;
- an infant who was especially messy at meal time, mashing cereal in her hair and ears;

- an infant who pulls on a necklace and breaks it;
- an infant who continually throws things on the floor;
- a rash of biting and hair pulling in the infant room; and
- an infant who bites and causes pain.

Caregivers of toddlers may lose control when faced with typical but challenging behaviors such as the following:

- toddlers who say "no" to requests to throw out their napkins after snack;
- a toddler who kicks or bites;
- a toddler who pulls all the toys off the shelf and then goes off to another area to play;
- toddlers who are destructive with toys and books;
- toddlers who resist toilet training even when they are ready; and
- a toddler who constantly has accidents.

Caregivers of preschoolers may lose control when faced with challenging behaviors such as the following:

- a preschooler who rides over the adult's toes on a tricycle for the third time;
- a preschooler who deliberately bites or kicks in anger;
- a preschooler who is fresh and talks back; and
- a rash of "bathroom words" in the preschool.

Most days, these behaviors would not cause adults a serious problem. They would handle them positively and constructively. But if they have already been pushed to their limit, one more

incident like the examples above could push them over the edge. A caregiver might get furious with a baby she has changed many times and shake her hard, as if she soiled again to spite her. A caregiver might kick a toddler who just kicked her hard on her sore ankle. She might slap a preschooler who upset an easel filled with freshly mixed paints. All of these actions are unacceptable responses to children's behaviors. If they happen, they could be reported for suspicion of child abuse. If those types of behaviors happen more than once, your center could be targeted for investigation. Caregivers cannot lose control and injure the children in their care.

What can caregivers do to avoid losing control? After all, they are only human, and all of us have been in situations where we have lost our cool. Here are some strategies for caregivers and teachers to keep in mind.

- Be aware of your own feelings and limits. When you are short of patience and unsure of your ability to remain in control, ask a co-worker to intervene and relieve you. Don't wait until you lash out at a child.
- Work as a team. Share the more trying tasks, in particular. The more you share the planning and the tasks of caregiving for young children, the more you and the caregivers you work with will be able to support each other.
- Take care of yourself. Your health is an important factor in your ability to handle the everyday stresses of caring for young children. Get sufficient rest. Exercise each day, and eat a balanced diet.
- Stop yourself before it's too late. When you raise your hand to strike a child, think before you act. No matter how trying the child may have been, corporal punishment has no place in a child care center and puts you in jeopardy.

As you have seen, there is a fine line between abuse and poor caregiving. One of the best ways you can protect yourself and your center from being accused of child abuse is to have competent

caregivers. When your caregivers have the skills and strategies for guiding children's behavior in positive ways, they do not have to resort to actions that can be interpreted as abuse.

Steve Zegel recommends "learning some basic strategies by heart. Then in the heat of the moment you can act quickly but without being abusive." Among the strategies he and others recommend making a permanent note of:

Just talk: When a child hits, swears, or destroys something, the immediate reaction is to stop the behavior right there and then. Yelling usually does that, but it also signals that you are somewhat out of control and that the emotional temperature is already hot. Just speak clearly and firmly.

Respect a child's privacy: Don't bawl a child out in front of his peers. It is embarrassing, and that humiliation may keep the child and you from being able to get things straightened out. Take the child aside and talk privately. This strengthens your relationship with the child in a productive way.

Deal straightforwardly: Remind the child of the rules, and explain why you are angry or upset: "No one is allowed to hit other people; it hurts them." Tell the child what the consequences will be: "I want you to sit here in this chair until you feel calm. Then go back to playing." Say what you have to say simply, firmly, briefly. Be careful, however, of time periods for "time out."

Don't rank: "This is the third time today I have had to speak to you. I warned you. Now this is it. You are going to be punished."

Don't exaggerate: "I don't want you acting like a little animal."

Don't dredge up the past: "Everyday you get into some new kind of trouble."

Don't forget who is the adult: "I hate you." "That's two of us."

Don't confuse the child and the behavior. "You are out of hand" or "You bad boy" points a finger at the child when what is really wanted is for the child to understand that what he is doing is destructive or hurtful.

Know personal limits: If an individual child triggers the worst in you, watch out. Ask another teacher or your director to observe and suggest cool, effective ways of responding. Try to stop trouble early. If you are about to "go over the top," ask another adult to give you a five minute break or to help you out by dealing with the child.

Punishment or guidance?

When a problem situation arises with children, adults sometimes confuse "punishment" with "discipline," and often do not think of "guidance" at all. "Punishment" implies pain, loss, or suffering for a crime or wrong doing; it does not correct the behavior. It may stop the behavior but tends to have negative side effects. A child may respond to punishment by being sneaky, refusing to learn or feel like a "problem child." The "good" behavior will probably be the result of fear rather than of understanding what it is adults want done. "Discipline," on the other hand, can teach the child self-control and help replace the "wrong" behavior with the "right" one.

Child guidance is the process of assisting children to understand and use constructive behaviors. The goal of child guidance is to guide the child towards self-discipline, which includes self acceptance, self-control, and a positive self-concept. It can take place on a one-to-one basis or with a group of children. By regularly reading books and articles on childrearing and early childhood classroom practice and applying new ideas in our work with children, each of us can develop a positive discipline philosophy.

Children under the age of eight have a difficult time seeing things from another person's point of view. It is, therefore, important that the consequence is logical from the child's point of view. Sometimes the tone of voice used by the adult can make the difference between guidance and punishment. This is why it is

suggested that we request children to do something after our temper has cooled.

Be alert, use preventive techniques

Use foresight. Prevent potential problems. Good planning eliminates many discipline situations before they arise.

- Structure activities and schedules so children can be active learners and will not be bored and disruptive. Effective teachers/caregivers avoid prolonged adult-directed, nonactive "activities" that put children in a passive position.
- Observe, head off trouble before it starts. A preventive approach means reinforcing effort and productive behavior. It means offering encouragement and praise in ways children can accept and understand, and thinking twice about who needs reinforcement the most.
- Be a professional not a technician. A technician works primarily by rote from fixed policy. Caregivers and teachers, though, need to function as professionals, try a course of action, learn from the results, and, if necessary, try another approach.
- Build a relationship with each child. Building a friendship with each child paves the way for sound discipline.

Use other preventive techniques as suitable, such as:

- Recognize who will need extra introductions or encouragement in order to fully participate.
- Change activities when children seem restless.
- Reduce empty waiting times during transitions.
- Consider starting restless children in activities.

- ° Use other adults in the classroom to assist you with children who are easily frustrated or distracted.

Seek to understand the individual child.

In an attempt to understand children, adults must take into account ages, needs, and family situations of the individuals in their care.

Ages

Sharing, losing, waiting for turns, sitting for long periods--these are behaviors that are difficult for all 3s, most 4s, and 5s, and even some 6s and 7s. Adults should adjust expectations to the child's development.

Needs

Children's behavior is caused most of the time by real needs. It is important to attempt to meet these needs.

Family situations

Though a child is in our care for many hours, she or he is in the family environment a good deal more. Family strains and crises affect children's behavior. Continued serious misbehavior almost always is the result of trouble in the child's life that goes beyond the immediate problem in the classroom.

Three levels of mistaken behavior

There are three levels of mistaken behavior. The mildest form is the "experimentation level." At this level the child is trying things out to learn how they work and how the environment will respond. There is no sense in needlessly stifling curiosity, problem-solving skills, and developing phonetic abilities. For example, if you overhear a child saying a "bad" word to himself and he doesn't know you heard, ignore the incident. If the child looks at you, smiles, and says the word, respond by saying, "You've discovered a word. Some words we don't use at school. There are lots of other words you can use instead."

The second level of mistaken behavior is the "social habit" level. Here children learn and use a behavior because it has a peer payoff, or because in another context it was appropriate. The child should not be simply punished for a wrong doing, he or she should be taught what else can be done.

The third level of mistaken behavior is the "deep emotional needs" level. Children at this level have trouble in their lives and are reacting to stress. If extreme behavior continues, it is time for collective staff concern. The underlying problem or need is to be identified and addressed.

At all three levels of mistaken behavior, it is important to understand the child. We should try to do so before we intervene. Our most important learning, however, often comes from reflection after the intervention we have tried. The more serious the pattern of mistaken behavior, the harder we need to work to understand the child. The adult's response should be as private as possible to avoid the punishment of public embarrassment.

A solution orientation

Discipline problems should be approached with a "solution orientation." Help children find solutions to conflict situations, do not just "discipline" them for having conflicts. A solution orientation means providing information so that next time children will know what to do instead, rather than just letting them know what not to do. Teachers/caregivers should set understandable limits for the children and reinforce them, without using put-downs, threats, or physical punishment. Instead, diversion, alternatives, requests for cooperation, shared jokes, or "I" statements should be used.

A solution orientation means the adult will selectively ignore borderline behavior that does not greatly affect the group. It may mean asking a child who reports a grievance to attempt to solve it on her or his own. When two children are having a disagreement, adults may not always want to jump in too quickly because children can solve many problems among themselves. The

more opportunities they have to practice social problem-solving skills, the better they become at using them.

Address the situation, do not judge the child

This is important because diminished self-esteem leads to insecurity and even hostility. Assess for yourself which statement is more supportive of the child's self-concept:

- Oh, clumsy Carl, wipe up your spill again.
or
- It's OK, we all spill, the wipe rag is in the bucket.
- Paul, you are being rowdy; no throwing sand.
or
- I am upset. Sand is for playing not throwing.
- Don't try and get out of things. You used the blocks; you put them away.
or
- All who used blocks need to help put them back. As soon as they are away, we can go out.

Part of the learning process for children is feedback about their behavior. Child guidance statements that don't label but do reinforce limits are: "This upsets me. What can you do to fix it?" "Hitting hurts Billy." "You may be part of our group activity, or you may read books by yourself; you choose." "I know how hard you are trying, Darcie, and I really appreciate it."

When managing a group, comments that address situations but protect self-concepts might be these: "The puzzles are still on the floor." "I am waiting for just a few now, we are almost ready to start." "You worked so hard today, I am proud of you." Praise that describes and appreciates efforts, not character or personality, tends to be the most honest and effective.

Effective teachers and caregivers adjust the use of authority to the degree of mildness, moderateness, or severity of the situation through inviting, requesting, or if necessary, commanding cooperation. An example of an invitation would be: "I need some helpers who can pick up the blocks and put the tables and chairs

back in place." A request would be: "If you are going to work together, you will need to keep the noise down, and show me you are getting a lot done." An example of a command is "Rodney, you choose. Cooperate with the small group, or do the activity on your own. Which will it be?" This use of authority, permissive in some situations and authoritative in others, still leaves the responsibility of choice with the child and grants the child humanness.

As a last resort: remove or restrain

Sometimes words won't work and actions are called for, notably when there is danger of physical harm or a child is too upset to talk or listen. For the good of the child and group, caregivers must act firmly. Removing from the situation or restraining the child are accepted measures of last resort, coming after words have failed.

The usual method of removal in the preschool and primary years is having a child sit in a specifically designated "timeout chair." Isolation outside the room is generally not recommended for younger children, nor are prolonged periods away from the group. Restraining entails use of the nonviolent bear hug. The adult restrains a child only when he/she is emotionally out of control. The adult quietly holds the child on a lap until the tantrum has subsided. Repeated use of restraining or removal indicates that there is trouble in the child's life and more understanding of both situation and child is needed.

Reconciliation

When using either of the actions of last resort, the adult needs to recognize that the episode is not over until the child is reunited with the group and reconciled with the caregiver. It is the caregiver's/teacher's responsibility to follow through with the reconciliation process. Some suggestions for this important assistance are:

- After the child (and the caregiver) have cooled down, the two should talk about the situation.

- If a cooling down time is used, the adult can tell the child he/she may rejoin the group.
- A kitchen timer can be used and the child can return by himself or herself.
- A quiet welcome by the teacher helps. "Here are some magic markers, Carl; we're making picture of things we do in the summer. It can be anything you would like."
- Children should not be forced to say they are sorry, if they are not ready.

Reconciliation offers the possibility of better understanding and more productive relationships.

PREVENTION THROUGH THE EMPLOYMENT PROCESS

If you are the director in a child development center, you are responsible for everything that happens there. But you cannot be in all the rooms all the time. What can you do to reduce the risk of child abuse in your center?

Assessing present staff

You can observe your staff as they interact with the children. Watch for certain "red flag" behaviors like

- a staff member yelling or screaming at children;
- a staff member grabbing or jerking children;
- a staff member who will not let a child speak;
- constant adult control of activities;
- insistence on obedience and respect coupled with looks of satisfaction over winning a power struggle with a child and a situation;
- a staff member who seems uncomfortable around children, who stands apart from them and watches, but does not interact with children;
- a staff member who relates poorly to adults and seems to prefer the company of children; and
- a staff member who does not respect the rights of children to privacy or to refuse touch from an adult.

Signs of a potential abuser

Potential physical abusers often believe that children are "out to get" them. They may be quick to anger, hostile toward parents and aggressive with children. They have low self-esteem and are extremely self-centered. "I can't stand it when the kids treat me this way," and "I just can't help being the way I am; you'll have

to get used to it," are the kinds of words that abusers use to excuse their actions. Potential abusers may be in a constant state of crisis, demanding that the director and fellow staff members pay attention to their problems. They seem to have to concentrate all their energy on meeting their own needs. Therefore, they seem to have little energy left to nurture and meet children's needs. They use their problems to excuse their behavior. They are rigid and unable to tolerate criticism or to cope with frustration and failure. Generally they are socially isolated, lacking a support system outside of work. Potential abusers may have little or no understanding of child development, and even though educated, they have unrealistic expectations of children. There may be a strong belief in the need for harsh punishment with children.

A potential sexual abuser may act very caring and interested in children and not display anger readily. Sexual abusers are often socially isolated, lacking deep adult friendships. Guilt about the behavior may result in a strong attitude of self-denial and self-righteousness. Abuse-prone individuals may also use alcohol excessively.

Potential for abuse

As a director, you must be honest about the nature of this profession. It is hard and demanding work that is not highly valued by society in general. It can be difficult to keep a full staff, to pay your employees what they are really worth, and to develop a good support system within the program when people move so quickly in and out of your organization.

Don't set your program up for failure. Maintain appropriate child to adult ratios and increase coverage when the environment cannot be controlled or monitored such as a field trip to a public park. Ensure sign in/out and parent permission procedures are met.

Encourage your staff to recognize and understand their own feelings. Sharing your own feelings and needs will encourage honesty in your staff. Open discussions lead to understanding and cooperation. Discuss what you can do for each other when stress levels are high. Use the staff meetings for allowing staff to air their frustrations. This will help your employees recognize their

own tolerance levels, know when they reach the breaking point, and what to do to alleviate stress.

It may be difficult to talk about feelings and to get your staff to talk about feelings. This is, however, an important aspect of the whole climate of care and respect and love which you are trying to build for the children in your care. Unless this climate can be developed among the staff, it will be very difficult to nurture the children in this way. All children, and especially children under stress, need to be able to express their feelings appropriately. They will not be able to do this unless they are surrounded by people who are not afraid of feelings -- feelings of anger, hurt, fear, and weariness -- as well as feelings of happiness, joy, and love.

Have an orientation for all new staff. Spell out acceptable levels of performance clearly with new employees. Make sure they become familiar with the center policies, rules, and procedures. Have them sign copies of these documents to indicate that they have discussed them with you and that they understand the policies and rules and the reasons behind them. Be specific and provide documentation of employee behavior you want changed. Tell the employee specifically what must be done to improve performance.

Keep bringing situations to the attention of your employees. Set time limits and goals for developing new skills and behaviors; for example, "I would like to see you verbally reward children three times a day." Coordinate with trainers to ensure enough opportunities for specific training.

Use the probationary period effectively to see the new employee in action and to clearly communicate expectations. Within the probationary period you can remove an employee much more easily. Consult with your Civilian Personnel Office and do the necessary documentation. Make probationary periods work to support your efforts to maintain high quality staff.

Written child discipline and touch policy

Written policy protects you and possibly your center. You should go over the policies with your employees and have them sign a copy or a form stating that they have read and understand the policy and that they understand the consequence of not following the

policy. Also include a clear outline of when and why employees will be fired.

A written policy is also an excellent way to introduce parents to the policies of your program. Clear explanations of when and how you will discipline their children, and when and how their children will be touched, puts the burden of acceptance or nonacceptance on the parent's shoulders. It goes a long way, also, toward reassuring an anxious parent that yours is a responsible and caring program.

Discipline policy

Installation standard operating procedures addressing discipline should be developed in accordance with the philosophy and guidance outlined in the governing regulation. The policy should include:

- the purpose of discipline
- who will discipline
- how you will discipline (specific techniques)
- under what conditions discipline will be called for
- what is enough discipline
- what are unacceptable discipline techniques
- who will make the decisions about discipline

Know your policy and make sure all your employees and volunteers know it and that they are able to explain the policy to parents. The discipline policy should be fully discussed in parent and staff handbooks and be readily accessible.

Touch policy

First it should tell parents and staff that positive touch is absolutely necessary for the healthy growth and development of children. Children should be held and hugged when they

feel the need. There is a need to be assertive with parents about your touch policy for the sake of the children. Make it the responsibility of the parent to ask questions and take responsibility for their own issues. "No touch" under any circumstances creates a stark atmosphere for a small child.

- State what you will do:
 - be specific about how, when, and where children will be touched (backrubs, if requested, at naptime)
 - make it clear to the parents that children will always have the option to refuse touch
- State what you will not do:
 - child care providers will not touch children for the provider's own gratification
- Make statements that will protect your staff as well as the children. For example:
 - No staff person will be alone in a closed bathroom with children.
 - Volunteers and teenage helpers will not be left alone with children.
 - The program will teach safety education to the children with age-appropriate activities and games. Parent permission is required and parent orientation in advance of the teaching will be offered.
- State who will be allowed to take children off the center premises (parents and staff) and when parents will be notified.
- State who will be allowed to change diapers (to protect male staff members and teenagers who are particularly vulnerable to charges of sexual abuse, you may have to make hard decisions about their participation in this type of care).
- State why you have open bathrooms and how safe toileting will be handled.

- Centers that deal with special needs children are especially vulnerable to the issues of touch. Children far past the age of infancy and toddlerhood may require the same kinds of care infants and toddlers require. Here it is vitally important to work out with parents the details of care requirements. Maintain open communications between staff and parents and among staff members -- always.

Interviewing and screening prospective employees and volunteers

Interviewing is a major investment of time on the part of the director. In the long run it pays to be fussy. Take time to make eye contact, ask direct questions. Demonstrate acute awareness of abuse and neglect issues and lay it on the line with prospective employees and volunteers. "Why do you want to work in child care?" "Have you ever been accused of child abuse?" "Do you have a criminal record?" On the other hand, be aware that you cannot ask for information that would enable you to discriminate against an applicant on the basis of race, gender, religion, and so on. Check with your Civilian Personnel Office if you are unclear on the boundaries for fair interviewing.

Interviews are very beneficial, if done properly. They:

- Provide another means to evaluate and compare candidates.
- Give the candidates a chance to discuss the position and their qualifications.
- Assure candidates that they are being considered.
- Increase understanding and confidence in the promotion system.

All candidates should be asked the same questions. Interviews may be in person, by telephone, or courtesy interviews conducted in the candidate's geographic location.

Points to remember about interviewing

When developing questions or when asking follow-up questions during the interview, keep in mind what it is that you are trying to find out.

- Avoid questions requiring a yes or no answer. Questions should have a range of possible acceptable answers. Rate the answers on a scale of 1-5; poor, good, better, best, ...
- Try to obtain as many examples of behavior as possible. Ask about things accomplished, actual experience.
- Make questions as straight forward as possible. Avoid complex constructions.
- Questions linked to the major job requirements allow you to select a person with skills, abilities, and/or knowledge appropriate for the job.
- Avoid asking questions so that the answer you would like to receive is obvious to the participant.

The interview should help you to differentiate between candidates.

- Avoid advice-giving.
- Avoid arguing.
- Ask questions dealing with personal qualities, sensitivity, and discipline, such as, "What kinds of disciplinary and child guidance techniques are you familiar with?", "Please give me some examples, if you have used any of them.", "In your experience, what have been the most effective techniques?"

If the person says that they have never had to discipline a child or have no experience doing it, ask as a follow-up question: "What techniques do you feel you would use to guide a child's behavior?"

- "In what ways, in the past, have you dealt with a child's disruptive behavior?", "During group time and at rest time?", "How do you think you would handle the situation today?"
- "Please describe some of your experiences resolving conflicts between children?" Use examples, if needed, such as two children wanting the same tricycle. "How do you think you would handle it today?"
- "Tell me about any experience you have had in comforting a frightened or distressed child?" "How do you think you would handle it today?" "What methods have you experienced as the most effective?"
- "Please describe any experiences you have had helping children develop a positive self-image." "What specific activities have you done with children to develop their self-esteem?" "Which ones were most fun for you?"
- "Tell me about any experiences you have had in toilet training young children?" "What methods have you found most effective?" "What methods do you think would be most effective?" "In your experience, how did you determine when to start toilet training?"
- "What techniques have you used in the past to facilitate children's play?"
- "Tell me about some of your best experiences with children." "What kinds of activities are the most fun for you to do with children?" "What activities have been the most rewarding?"
- While not strictly a question, you can obtain a great deal of information about the person's attitude toward children and child care by incorporating a walk-through of the center as part of the interview procedures. Although it may be inconvenient, the best time to do this is during an active part of the day, not during nap time. The person's behavior can be rated during the walk-through, just like an interview question. Does the person decline a

walk-through? Are arms folded, lips set, grim expression, no questions, or negative questions, hurries through rooms? Smiles at children, asks interesting questions? Smiles and speaks to children, if appropriate, squats down to child's level, tries to linger in the room, looks at everything, asks questions of you and staff?

Checking references

Since most people tend to report only favorable information about others, the inquirer must usually dig to get a full story. This may require spending some time describing the job for which the candidate has applied, discussing the candidate's past job responsibilities and performance, and talking about potential performance in the new job. The following possible questions could be asked as part of a reference check. However, they will have to be tailored to the person and their relationship to the candidate.

- How does the applicant relate to children? Does the applicant enjoy working with children and do children enjoy being with the applicant?
- How well does the applicant get along with supervisors, subordinates, and parents? Is the applicant considered easy to work with? Is the applicant cooperative? Was the applicant able to ask for support from co-workers and define his/her own needs on the job?
- Is the applicant honest and trustworthy?
- Why did this person leave your employ?
- Why does this person want to work with children?
- In what areas of the new job would you expect the candidate to do very well? With what areas would the candidate have problems?

If the reference is reluctant to give you information beyond employment dates, be cautious!

If the applicant wants to change jobs because he/she feels "burned out," make sure the applicant's qualifications are worth the risk of having a highly stressed individual join your staff. The final "break" make come on your time.

You will quickly develop gut level feelings about prospective employees. Pay attention to these feelings and learn to trust them. You can reinforce these feelings by asking yourself the following questions:

- Did this person show up on time for the interview?
- Did he/she answer all the questions on the application form?
- Are there unexplained gaps in employment history?
- Did the applicant ask questions about the children and your program?
- Did the applicant establish eye contact and seem comfortable talking about the job and your philosophy of child care?
- Is the applicant willing to give you names and phone numbers of parents of children for whom he/she has cared?
- What is this person's own evaluation of his/her strengths and weaknesses in dealing with children?
- What is this person's philosophy of discipline? What are this person's discipline techniques? Does he/she have a variety of discipline options?
- Did this person demonstrate that he/she has realistic expectations for the prospective age group?

Security checks

A National Agency Check is required for all positions of trust. Child care and youth activities employees have been declared

positions of trust. A review of the criminal, subversive, and intelligence files of the police department, county, sheriffs offices, and other law enforcement agencies will be conducted by the appropriate installation agency.

The investigation may include other offices such as the Bureau of Vital Statistics, Court Records (civil and criminal), credit agencies, and other state or local level records.

All investigations include the records of the three military departments, FBI check, and review by the Defense Investigative Service and may also include checks with OPM, Immigration, State Department records, CIA files, military personnel records, and the Treasury Department. The Defense Investigative Service report results are sent to the requesting installation and base security police.

Employees may come on board following completion of a local file check prior to the completion of the formal investigation. Unaccompanied access to the children should not be allowed prior to completion of the National Agency Check. Special requirements may apply to non-U.S. employees.

Persons are determined unfit for employment if their history includes child abuse convictions or substantiated reports of child abuse, conviction of a felony, or other crimes of violence or information reacting adversely on their ability or suitability.

PREVENTION THROUGH TRAINING AND SUPERVISION

An important component of a child development center's child abuse prevention program is the training it provides for child development staff and the supervision of these employees while they are providing care to children. This training and supervision, along with educational programs for parents and safety education programs for children, can help reduce incidents of child abuse and neglect.

As the director of a program which offers child care services, you should ensure that:

- all staff and volunteers are trained in how to prevent, identify, and report child abuse and neglect;
- all staff and volunteers, who interact with children, are trained in use of acceptable discipline and guidance techniques;
- staff and volunteers are trained in how to protect themselves from unwarranted accusations of abuse and how to respond to allegations of abuse;
- information on child abuse identification and reporting is included in employee and volunteer handbooks;
- records are maintained on which staff has received training on child abuse and neglect;
- a schedule is established and implemented to ensure that staff members receive training on child abuse at periodic intervals so that they do not forget how to identify and report abuse;
- training is provided for parents which will help them relate more effectively with their children;
- information is offered to parents on the steps the child development program is taking to protect their children while they are in the care of the center;

- safety education programs are offered to children either through the center or through other installation or school services; and
- resource materials on child abuse prevention, identification, and reporting are available for staff and parents.

The information in this manual along with other resources can be used to help directors meet these training responsibilities.

Strategies for child abuse prevention training

In preparing a training plan for the child development program on child abuse prevention, identification, and reporting, the director will have to answer several questions:

- Who needs to be trained?
- What are effective and efficient ways of providing this training?
- What content should be included in the training?
- Who should do the training?
- What resources are available?
- How often should the training be repeated?

The installation Family Advocacy Program Officer may be able to help the child development director and his/her staff answer these questions.

In deciding who should receive training, highest priority should be given to those persons who are in direct contact with children on a daily basis including the desk staff, custodians, bus drivers, and volunteers, as well as the caregivers and teachers. Part-time as well as full-time staff should be trained. If time and funds permit, it is also desirable to provide training for the center's advisory committee and other support staff, such as the food service personnel.

There are a variety of methods that can be used to provide training on child abuse identification and reporting. These methods include providing printed materials such as program aids, pamphlets, handouts, and booklets, or requiring staff to do self-instruction modules. Other methods include having staff view films, filmstrips and videos, including interactive videos. Child abuse prevention training may also be offered by having group lectures or presentations by center staff or outside resources. (It is important for the director to develop and offer a system which requires a minimum amount of administrative time.)

The content for the training on child abuse prevention should include, at a minimum, the following topics:

- signs of child abuse and neglect
- causes of child abuse
- the requirement to report
- how to report, including to whom the report should be made and what to do if that person is not available
- guidelines on touching children
- acceptable and unacceptable guidance techniques
- center operational policies on child abuse prevention
- what to do if a child talks about being abused
- how to discuss child guidance problems with parents
- what to do if accused of abuse by parents
- what to do if another staff member is abusive toward children

There are many other topics that could be covered in child abuse prevention training; however, because the time available for the training will be limited, probably only the most important issues can be included.

In most instances, the center director or training staff will assume overall responsibility for child abuse prevention training. However, it will usually be possible to enlist the help of other installation and community personnel to supplement the resources available within the center. These outside resources may include the installation Family Advocacy Program Officer, chaplains, mental health personnel, and/or community persons such as the county extension staff or members of the local child abuse prevention committee. For assistance in locating community resources in child abuse prevention, contact the National Committee for Prevention of Child Abuse, Suite 1250, 332 South Michigan Avenue, Chicago, Illinois, 60604.

As a result of the national attention which child abuse has received in recent years, many printed and audio-visual resources have been prepared to assist persons who are providing child abuse prevention training. Some of these are available through commercial publishers; others can be obtained at little or no cost from government agencies. Listed below are a few examples of sources for such publications. The installation librarian and Family Advocacy Program Officer can help locate training resources in this area, as can the local chapter on child abuse prevention and other organizations interested in the well-being of children.

National Center on Child Abuse and Neglect (NCCAN)
P.O. Box 1182
Washington, DC 20013

Military Family Resource Center
9th Floor, Tower #3
4015 Wilson Blvd.
Arlington, VA 22203

Child abuse prevention training will have to be offered several times during the program year in order to ensure that the staff hired throughout the year receive the training in a timely manner. Some Services require that at least some training on child abuse identification and reporting be included in each employee's orientation training and that this training be followed by more extensive training during the first year of employment. Training will probably need to be scheduled at the start of the "school year" for the part-day preschool program and at times when a large number of volunteers such as student summer hires are going to be brought into the program. Additionally, all staff will need to be

scheduled at least annually to review some of the more critical information such as signs of child abuse and reporting procedures.

PREVENTION THROUGH FACILITY DESIGN AND MODIFICATION

Individuals who are responsible for the administration of child development programs must take all precautions to protect the well-being of the children enrolled. This includes ensuring that the physical environment in which the care is offered is one in which opportunities for child abuse are minimized. If a new facility is being constructed, child abuse prevention should be one of the major factors considered in its design. If a facility is already in use as a child development center, it may be modified to make it a safer place for children to receive care.

In general, a child care facility should be designed or modified to ensure that:

- The interactions among children, and among children and adults, throughout the day and evening can easily be viewed by others.
- Access to children by those not employed in the program or who are not parents of the children enrolled is limited.
- The number of spaces to which a child or children could be taken out of view of others is limited.
- It is easy for parents to enter and exit the rooms in which their child is receiving care and to view their child while he or she is in the center.

The center should be constructed and organized in a way that the daily care of the children can be observed at all times by parents and supervisors. However, the facility and its supporting outdoor play areas should be "closed" to outsiders who might have intentions of harming the children.

Ensuring visual monitoring of child care services

The following is a list of structural changes that could be made in existing buildings or design features that should be included in new buildings to help create an environment in which the

interactions between children and adults can be observed throughout the program day:

- The doors to activity rooms and other areas in which children will receive care should have a window in them to allow viewing of the room from outside.
- The walls between activity rooms and hallways should have a window in them to permit viewing the room from the hallway.
- Doors to activity rooms should have windows to allow viewing of the room.
- Doors on toilet stalls should be removed except for those to be used by children over five years of age and adults.
- Walls around toilet stalls should be reduced to half walls if possible to permit better viewing of toilet areas.
- Windows should be installed in doors to storage rooms or other closed areas to which children might be taken.
- Draperies or blinds which obstruct the view into areas in which children receive care, or could be taken, should be removed.
- On/off light switches should be replaced with dimmer switches so it is possible for the lights to be dimmed but not shut off completely during rest periods.
- Hand-washing fixtures should be installed in the activity rooms rather than in the toilet areas so that children can be observed more easily during hand washing.
- When walls are replaced consideration should be given to having the top half of the wall constructed from glass in order to increase visibility into areas in which children are receiving care.

- Any walls between diapering areas and the activity rooms they serve should be removed in order to increase visibility of the caregivers by other adults during diapering. Half walls or walls with glass in top half may be used.
- If a separate crib or sleeping area is utilized, the walls between these areas and the main activity areas should be half walls of glass and solid construction in order to increase visibility.
- Concave mirrors should be installed to improve supervision of low visibility areas.
- The rooms in which evening care is provided should be located near the front entry way to facilitate supervision of the rooms by the front desk staff and viewing of the care by parents entering and leaving the facility.
- Outdoor play areas should be constructed so that all parts can be viewed from the activity rooms which they serve.
- The walls between activity rooms and outdoor play areas should include windows to permit viewing back and forth between the two play areas.
- The doors to outdoor storage areas should be visible from the main building so they can be visually monitored by adults other than those on the playground.
- Art work should not be placed over windows which permit viewing into activity rooms.
- Play houses and other enclosed play structures should be built in such a way that it is possible to view the children while they play within the structure.

These and other facility modifications will help reduce the potential for caregivers/teachers interacting with children in undesirable ways and will help parents feel comfortable that no harm can come to their child while he/she is in the center.

Ensuring that access to children is limited

One of the precautions that must be taken by those who administer child development programs is to ensure that no one enters the child care facility or the outside play areas who might cause harm to the children being provided care. Some facility modifications may be desirable in order to improve control over entry into the center.

- Locate the reception desk so that the entrance to the building can be viewed by the reception desk staff.
- In large centers have alarms on all exit doors which do not open onto a playground.
- Have one central entrance area which serves all wings or modules in order to reduce the number of places through which the building can be entered or exited.
- Have a buzzer system for the main entrance to restrict entry into the building late at night when only a limited number of caregivers are on duty.

Utilizing closed circuit television monitoring

Some child development centers use closed circuit television systems to enhance the visual supervision and monitoring of the services being provided to children. In addition to making it easier for the director to know what is happening in each room, such systems may help parents feel more comfortable and provide some protection for teachers and caregivers against unwarranted allegations of abuse. These systems may include a camera or cameras in each room in which children are receiving care and one or more monitors in the center administrative area. For specific information on whether or not such systems are encouraged or permitted within their Service, and how this type of equipment may be purchased, directors should consult their command or Service headquarters.

PREVENTION THROUGH OPERATIONAL POLICIES AND PROCEDURES

The administrators of child development programs must establish operational policies and procedures to reduce the potential for child abuse and neglect occurring within the child care setting. Policies should be established in at least the following areas of operation:

- staff conduct
- transportation of children
- volunteers, interns, and students
- facility control
- supervision of staff
- supervision of children
- access to facility/children
- release of children
- center staffing

These policies and procedures should be in addition to those established for reporting child abuse and neglect, staff training, and child discipline and guidance.

Policies and procedures on staff conduct/staffing/supervision

Listed below are examples of policies concerning staff which could be considered:

- Adults may not lie or sleep on children's cots or mats or on the floor. This does not preclude personnel from sitting with children to settle them for resting.

- Staff and volunteers may not take children away from the child care facility without the written permission of the child's parents and the center director.
- Staff or other adults connected with the center may not take a child or children enrolled in the program to their private dwelling or in their own vehicle without permission of the child's parents and the center director.
- New staff members must be supervised by experienced staff during their first period of employment. This supervision should include daily observation of the new staff member working with children.
- No adult should be alone with a child or a group of children in any part of the facility at any time during the program day.
- Regular and supervisory staff shall be rotated for evening and weekend care to ensure adequate supervision of part-time and intermittent staff.
- At least one regular full-time or part-time staff member must be present in each room used for child care during every hour of operation.
- At least one individual at the supervisory level shall be present in the child care facility at all times.
- All employees of the child care facility shall wear a uniform, name tag, or other apparel which visually identifies to parents and visitors to the center that they are responsible for the program and children enrolled.
- Any use of corporal punishment or discipline procedures in violation of center policies is grounds for immediate dismissal in accordance with Service personnel policies.
- Two staff members or approved volunteers must be present in any vehicle (government or private) used

for transportation of children to and from program activities.

Policies on supervision of children

- No child may reenter the child care facility from the playground without being accompanied by an adult.
- Visual supervision of all children must be maintained at all times. No child will be left unattended at any time indoors or outdoors, asleep, resting, or awake.
- If child toilets are located outside of the room in which care is provided, no child may leave the room to use the toilet without adult supervision.
- The indoor and outdoor activity spaces must be organized so that the children can be visually supervised by adults at all times.
- Rooms will not be darkened during rest/sleeping periods to the extent that visual supervision is impacted.
- In rooms with more than one ratio group, a list of the children in attendance shall be maintained. Each child shall be assigned to one caregiver/teacher for supervision.
- When children leave the facility for field trips, walks, etc., the time of departure and return must be noted. When possible, more than one adult should accompany a group of children.
- Children may be released only to a legal parent, guardian, or an adult authorized in writing by the legal parent or guardian.
- Children may not be released to older siblings or other youth under 14 years of age.

- When staff do not recognize an adult to whom a child is to be released, staff should ask for identification and verify that the person is listed by the parent as someone to whom the child can be released.
- When children are left at the center after close of operation, installation police should be called for assistance in locating the child's parents or a place for the child to stay until the parents, legal guardian, or authorized adult picks up the child. The child may not be taken to a staff member's or volunteer's home.
- Closures for gates of playgrounds should not be operable by children under ten years of age.
- When a child is admitted to the program with signs of physical injury (bruises, burns, etc.) the receiving staff shall question the parents as to the cause of the injury and note this information in writing.
- Evening and weekend staff shall be rotated to reduce the potential for alliances which could protect persons committing abuse.

Policies on parent and others' access to the facility

- Parents must take their child to the room in which he/she will receive care or attend preschool and pick them up from that location.
- Parents must be allowed access to all areas of the facility at all times during periods when their child is present in the facility.
- Access to children by visitors, delivery and maintenance personnel, and other adults and older youth is restricted. All persons other than employees and parents bringing or picking up children must sign an in/out log at the front desk or with appropriate personnel (for example, food service delivery person logs in with the cook).

- Visitors to the center must be accompanied by a center employee at all times while they are in the facility or on playgrounds.
- Friends or relatives of center employees may not be in rooms in which children are receiving care unless they are authorized program volunteers.
- Entry to the facility shall be limited to one entrance/exit.
- The entry way to annexes and other facilities used for care/teaching shall be visually controlled by a staff member or approved volunteer at all times children are in the building.
- Child or youth entering the child development facility shall be signed in by themselves or their parents.
- During evening hours when the front entrance cannot be monitored, the door should be locked and a doorbell or other auditory signal used to gain entry.
- The doors to rooms, such as toilets, shall be left open when one staff member is working alone with a child or group unless there is a window into the room or half doors which allow an unobstructed view.

Policies on volunteers, interns, and students-in-training

- Each volunteer must complete an application form and sign a statement that they have no previous arrests or convictions for child abuse or neglect.
- Each volunteer must provide names of two references who can provide an assessment of their ability to work with children.
- Volunteers, interns, and students-in-training may not be permitted to work alone with a child or group of children.

- All volunteers, interns, and students-in-training who serve more than three hours during a one-month period shall be trained in child abuse identification and reporting.
- When volunteers, interns, and students-in-training are placed in the program by an outside agency or non-MWR activity, the placing agency/activity shall be required to screen the individual for a history of child abuse and certify that the individual has no such history.
- Volunteers, interns, and students-in-training may not work in the program in any capacity after violations of the program discipline policy or allegations of child abuse or neglect.

Dissemination of policies and procedures

Operational policies and procedures which support the program's efforts to minimize child abuse and neglect should be coordinated with the appropriate installation agencies and disseminated to staff, volunteers, and parents. It is essential that staff and volunteers know and follow the policies and procedures. The program administrator may wish to have each employee sign a statement that they have read the policies and insert this statement in the employee's file. Informing parents about the child abuse prevention policies and procedures may help them feel more comfortable about using the child care facility. Policies should be posted as well as be available in printed form on request by parents.

PREVENTION OF OUT-OF-CENTER ABUSE AND NEGLECT

Teachers/caregivers of young children have many opportunities to aid in the prevention of child abuse and neglect. Certainly each teacher is a role model for parents. Many of your actions, such as your way of greeting children when they return from an illness or vacation, your methods for handling misbehavior, and your expectations of children, can help parents see positive ways to guide children.

For adults who are not in contact with parents every day, it is more difficult to serve as a role model. However, you can talk with parents often by phone, hold discussion groups about common concerns such as discipline or early reading, and encourage parents to visit your classroom.

Working with families

Recent research studies have shown that the most effective child development programs are those that actively promote and encourage the involvement of families. Good working relationships with families enable caregivers to be more responsive to each child's needs. When parents and caregivers work as a team, they can share and discuss information about ways to provide consistent care at home and at the center.

No matter how much time a child spends at the center each day, his or her parents are the most important people in the child's life. Caregivers can acknowledge parents' role as the first and primary educators of their children by reinforcing family ties and by doing whatever they can to increase parents' pleasure in their children. Parents can teach you a lot about their children--what they like to do, what they don't enjoy, things they do well, skills they are developing. Caregivers can share similar information with parents on a regular basis. In this way, parents can feel connected to their children's lives at the center. They can also feel good about the quality of care their child is receiving.

Some parents may not show any interest in becoming involved at the center. They may need to feel more comfortable with you and the other staff or they may be too busy to be involved. You may find

ways to involve these families; however, there are always some families who prefer to keep their involvement to a minimum.

Working with families can be a very rewarding part of your job. Parents are concerned about their children and want to do what's best for them. Let them know that you share their concern and that you want to provide high quality child care. Make sure they know that the center enjoys caring for their child and that it shares their excitement when their infant takes a first step, their toddler learns to pedal a tricycle, or their preschooler helps make breakfast.

Caregivers/teachers work with families in a variety of ways. Daily conversations with parents are opportunities to get to know each other and to exchange information about the child's activities at home and at the center. Caregivers also encourage parents to become involved with their child's life at the center. Parents should always be welcome at the center; and for those who cannot visit during the day, you can provide a variety of other ways for parents to participate in their child's life at the center. Often parents have questions about their child's development. They may ask you about child development or how to respond to their children's behavior. You can respond to these requests based on your own knowledge and experience or you can refer parents to books or other resources on child development.

Child development program staff who work with families know how to:

Communicate with family members often to exchange information about the child at home and at the center.
Here are some examples of what caregivers can do.

- Encourage parents to drop in at the center at any time. "Mr. Jackson, we're looking forward to your visit at lunch today."
- Share some good news with parents every day. "Connie stayed dry all day today. She really feels good about using the toilet without our help."
- Use information about children's interests that was provided by parents. "Look, Teresa, the puppy

has spots just like the ones on your puppy, Trixie."

- Give parents information about their child's routines and activities. "Mary wasn't very hungry at lunch time. She only ate half her fruit."
- Suggest ways parents can extend learning at home. "Mark really enjoys water play at the center. When he takes a bath, you could give him some plastic cups and bottles so he can practice pouring."
- Learn each parent's name and something about them as a way to build trust. "I thought of you last night, Captain Parker, when I watched the television special on Texas. That's where your family lives, isn't it?"

Provide a variety of ways for family members to participate in their children's life at the center. Here are some examples of what centers can do.

- Give parents opportunities to make decisions about their child's care. "Deena seems ready to try finger foods. What do you think?"
- Ask parents to help you include their culture in your activities. "Would you share your recipe for stir-fried vegetables with us? The children have been learning about good nutrition. I'm sure they would enjoy cooking something healthy."
- Set up workshops on topics of interest to parents. "Many of the toddlers' parents wanted to know more about how to help young children understand when their parents are deployed, so we're having a workshop next month." Ask staff of other family programs to send you information about what they do, keep a list of military and civilian family programs in the center's resource library, post notices of special programs and events where parents will see them, and invite parents to use

the center's resource library. For individual parents, tell them about a particular program suited to their needs; provide names, phone numbers, locations, and hours of operation when you suggest a program or event; and offer reluctant parents help in contacting other resources.

- Sponsor a weekend fix-up day when parents and caregivers work together to spruce up the center. "Mrs. Hanes, the children are having a great time jumping on the old tires you set up."
- Find ways for parents to help when they can't come to the center during the day. "Thanks so much for typing this month's newsletter for us, Mrs. Peterson."

Help parents learn about child development and how to respond to their children's behaviors. Here are some examples of what centers can do.

- Support families under stress. "It's often hard to adjust when one parent is deployed. We'll help Sherrie as much as we can at the center." If you sense a potential danger to the child, you can help the family link up with appropriate supports such as counseling services or material assistance, before their need becomes overwhelming and children are harmed.
- Respond to a parent's request for suggestions on how to deal with a behavior. "Many children go through a phase where they use bathroom words a lot. Our first response is to ignore them. Usually the phase passes very quickly."
- Help parents understand the effects of rushing their children's development. "When Jessica builds in the block corner, she is learning a lot about math concepts. Young children learn best when they can play with real objects."

- Use familiar terms instead of jargon when you talk to parents. "When Sammy plays with the pegboard and beads, that helps the small muscles in his hands and fingers develop. This is important later on for writing."
- Interpret children's behavior to their parents. "Loren is happy that her Grandma is coming to visit. I heard her telling her doll about the things she would do when Grandma comes."

Developing a partnership with families

Quality child care depends on a strong partnership between a child's caregivers and parents. This partnership must be based on respect, trust, and the understanding that the child's development will be enhanced when all the adults who care for the child work together.

Developing a partnership may take a lot of work. Sometimes a child's caregivers and parents have different views on child rearing. They may even have different ideas about the child's strengths, interests, and needs. Parents and caregivers may not always understand each other's point of view and may disagree about how to solve a problem. What they almost always have in common, though, is genuine concern for the well-being of the child.

Strong partnerships benefit everyone involved. Parents feel assured about their parenting skills. Caregivers, also, feel confident about their role, as they learn more about how to provide care that is based on their own and the parents' understanding of the child's needs, interests, and strengths. Children feel more secure knowing that both their parents and their caregivers are people who can keep them safe and help them learn.

Although both the caregivers and parents know a lot about the child, this information needs to be combined to get a total picture of the child. The following are some examples of the kinds of information each can provide.

Parents

- Health and growth history. "The information you provide about Ben's health and growth will help us get to know him and meet his needs in the best way possible."
- Relationships with other family members. "Carla really enjoys being with her mommy. Every morning they eat together and talk about their plans for the day."
- Ways the child likes to be held or comforted. "When Yancey is tired, he likes to have his back rubbed. It helps him settle down."
- Which food the child enjoys. "Tom started eating carrots today. He really enjoyed them."
- Which foods the child can or cannot eat. "Donna is allergic to all kinds of berries."
- How the child reacts to changes in routines. "Sonia gets very upset if I ask her to dress before breakfast. She likes to eat first, then put on her clothes."
- What the child likes to do at home. "Timmy always wants to stay in the bathtub and play. He hates to get out."
- What the child is afraid of. "Travis is afraid of clowns. We're not sure why, but he always cries when he sees one."
- What the child did last night, over the weekend, or on vacation. "We all went to the beach for our vacation. Stacy collected buckets full of shells."
- The family's life-style. "We like to get out-of-doors as much as possible. Peter likes to lie on

his blanket under the trees and watch the leaves in the wind."

- How the child "used to be" as well as how the child is now. "When he was three, Nick liked trucks. Now that he's four, he is more interested in playing make-believe with other children."

Caregivers/teachers

- Favorite play materials. "When I put Tanya down, she crawls right to the balls. She really has fun rolling the ball with me."
- Which toys are too frustrating. "Tory isn't ready to do the farm puzzle yet. He learned to pick out ones that don't have as many pieces."
- What challenges the child enjoys. "Shauna spent a lot of time today trying to stand. She really wants to pull herself up to a standing position."
- How the child plays with others. "Five-year-old Janna likes to watch before she joins in with the other children."
- How the child reacts to changes in the environment. "Whenever we put new props out in the house corner, Ellen is the first child to use them."
- How the child tells others what he or she is feeling. "When Gina is angry with another child, she says, 'I don't like you. You're not my friend.'"
- What the child talks about during the day. "Today Carlos talked about going to see his cousin, Louis. He is very excited about it."
- When the child seems ready to learn something new. "Hannah grabs for the spoon a lot when I feed her. Maybe she is ready to start feeding herself."

- What the child does when his or her parents leave. "Today, I heard Jerry telling Sandy, 'Don't cry, your mom will come back soon!' I think that's his way of assuring himself that you will always come back."

Maintaining a strong partnership

Once a trusting relationship has been established, caregivers need to continue to involve parents in the care of their children. The partnership is strengthened by continued communication and appreciation for each partner's role in caring for the child. It also grows when both parents and caregiver can see how the child benefits from their teamwork. "Janine doesn't cry anymore when you leave. I think your idea of making her a book of family pictures to keep at the center really worked." Some suggestions for maintaining a strong partnership follow.

- Respond to parents' concerns or questions even though they may seem trivial. They are important to them and, therefore, should be acknowledged. "Yes, some of the children can zip their jackets, but others, like Gregory, aren't ready, yet. We will provide more chances for him to use his finger skills."
- Try parent's suggestions, unless you think they will hurt the child, even when they differ from what you would do. "We'll be sure to mash up Jason's carrots extra fine, if you think he likes them better that way."
- Help parents focus on their child's accomplishments rather than comparing their child to others of the same age. "Denise always has a smile ready. All the caregivers feel good when she smiles at them."
- Help children and parents feel good about belonging to the same family. "Mr. Bradley, Jerry is so excited when he knows you're coming for lunch. He really likes it when the other kids talk about your visits."

- Wait until you are asked before offering advice. When you are asked, make sure you are clear about what is fact and what is opinion. "Child development experts say that children Billy's age are too young to share."
- Tell parents about the good things that happen each day. It is not necessary to report every time their child has a fight or loses his or her temper. Share problems when you need to work together to help the child. "Erica hits children when she gets angry. When can we get together to discuss ways to help her?"
- Acknowledge events and transitions in the child's and parents' lives. "Congratulations on your promotion. Your wife told me you had a party to celebrate."
- Be sensitive to normal guilt feelings parents may have when they leave their children at the center. Be careful not to make assumptions about parents or judge them because their life style is different from yours.
- Help children and parents cope when one parent is deployed. Suggest sending art work, letters, or stories to the parent who is away. Remind children that their parents love them even when they are gone.
- Keep in touch when the child is absent or ill. "Hello, Mrs. Carson, how is Paula feeling today?"

SUMMARY

The director of a child development center is in a unique position to prevent child abuse and neglect. This manual is not intended to be all-inclusive in scope; however, it does contain basic information on child abuse and neglect in child care settings, guidance on how to handle reported incidences of abuse, and, most importantly, techniques on how to prevent the occurrence of abuse. The information provided is general in nature. Specific guidance on Service regulations and procedures is available at the installation and headquarters level.

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